

Case Management and Matched Services for Substance Abusing Mothers with Co-Occurring Problems in Child Welfare: A Study of Service Effectiveness with a Randomized Trial

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Statement of the Research Problem

Substance abuse is a significant threat to the core mission of child welfare (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000). Addictions to alcohol and drugs interfere with appropriate parenting practices and increase the risk of child maltreatment (Famularo, Kincherff, & Fenton, 1992). In addition, children from substance abusing families are more likely to enter foster care, spend longer periods of time in foster care, and are less likely to achieve family reunification compared to children from non-substance abusing homes (U. S. Department of Health and Human Services, 1999). Accordingly, searching for effective interventions for substance abusing families are primary research priorities in child welfare. Despite its significance, current knowledge on successful intervention strategies for substance abusing families is limited.

Research Background and Hypotheses

Prior research has recognized two major challenges in working with substance abusing parents: prevalence of co-occurring problems and low treatment utilization (Maluccio & Ainsworth, 2003; Substance Abuse and Mental Health Administration, 2002). To address such challenges, there is a growing interest in the effectiveness of matching clients' co-occurring problems to services and the use of active case management in child welfare. However, the systematic evaluations of such interventions to key child welfare outcomes are limited to date. Not surprisingly, little is known about how and which aspects of such intervention affect successful treatment utilization and family reunification in given the Adoption and Safe Families Act of 1997 (ASFA) timeline. This study responds to this knowledge gap by systematically evaluating the five year Illinois Alcohol and Other Drug Abuse (AODA) waiver demonstration project. The major intervention components of AODA project are the use of case management, called "Recovery Coaches," and the provision of matched services. Recovery coaches is a type of proactive case management with expertise of substance abuse that provides aggressive

outreach efforts to engage and retain parents in treatment and other services needed for recovery. Matched services in this study refer to the service response to meet individual needs for substance abusing families.

The literature review in this area revealed that we are beginning to understand the true impacts of the matched services, the use of additional case management (e.g., recovery coaches), and substance abuse treatment completion on both in substance abuse and child welfare outcomes. Especially, the impacts of matched services, case management and substance abuse treatment on family reunification in child welfare is only little known. Building on the previous research on such interventions in the field of substance abuse and child welfare, this dissertation is the first study of investigating the linkages between case management, the matched services utilization, substance abuse treatment completion, and family reunification. Corresponding to the current ASFA timeline, family reunification is assessed one year after (up to 5 quarters) from mothers' involvement with AODA project.

First of all, this study investigates the linkage between matched services, substance abuse treatment completion, and family reunification among substance abusing mothers. Based on the literature on substance abuse and utilizing bioecological perspectives, parental substance abuse in this study is considered as a multifaceted problem that requires contextual understanding and comprehensive service responses. Accordingly, it is hypothesized that without address co-occurring problems simultaneously, there are less opportunities for substance abusing mothers to successfully achieve family reunification and complete substance abuse treatment. In other words, this study hypothesize that matched services would improve family reunification and treatment completion.

In conceptualizing matching, this study also recognized that no single approach to substance abuse treatment has been appropriate for all substance abuse and substance abusing parents are heterogeneous; therefore, services need to be individualized (National Institute for Drug Abuse, 2002). Accordingly, it is hypothesized that when caseworkers are able to assess mothers' needs and deliver individualized services to meet their needs; they are more likely to achieve family reunification and complete treatment.

Specifically, this study investigates following questions;

- (1) What percentage of substance abusing mother has co-occurring problems?
- (2) What co-occurring problems do substance abusing mothers have?
- (3) Do co-occurring problems interfere with the likelihood of family reunification and substance abuse treatment completion?
- (4) Do matched services improve family reunification and substance abuse treatment completion?

Second, this study investigates the linkage between recovery coaches, and the provision of matched service, and family reunification. Similar to other case management models in previous literature and case management theory, recovery coaches perform multiple roles simultaneously. Although this study does not directly investigate what aspects of recovery coaches take into account for service utilization and family reunification, it is hypothesized that recovery coaches promote caseworkers' provision of matched services (e.g., adequate assessment, service plans, and delivery) by

assisting caseworkers with information and expertise sharing as well as by directly helping parents to stay in service plans. In short, this study hypothesized that recovery coaches would improve service utilization and family reunification and investigate following research questions;

- (5) Does the use of Recovery Coaches facilitate matched services utilization and improve family reunification?

This study also investigates the impacts of substance abuse treatment completion on family reunification. The extensive research efforts in the field of substance abuse concluded that substance abuse treatment is effective in reducing substance use and improving other functions in general population. Although no studies provide evidence that substance abuse treatment completion guarantees recovery from substance abuse and safe parenting yet, considering the high rates of dropouts and relapse among substance abusers, it is hypothesized that a mother who completed not only a single treatment setting but also all assigned treatment settings is more likely to recover from substance abuse and thus, reunify with their children. The related research question to this hypothesis is;

- (6) Does the substance abuse treatment completion improve family reunification?

Methodology

This study utilizes the secondary data from a part of a larger research effort to evaluate the AODA project granted by the provisions of Title IV-E waiver with the Children's Bureau of the Administration of Children and Families. A classic experimental design with a control group is used. The sample consists of a total of 457 mothers with a substance abuse problem and their 772 children, including 335 mothers in the experimental group and 122 mothers in the control group. While mothers in the control group received the traditional child welfare services, mothers in the experimental group received recovery coaches plus traditional child welfare services. Data analysis consists of descriptive statistics, logistic regression, and Hierarchical non-linear modeling (HLM). Logistic regression is utilized to investigate the relationship between matched services and treatment completion. HLM is used to understand both the child level characteristics and family level characteristics as a predictor of family reunification.

The primary analysis for a randomized trial is the Intent-To-Treat (ITT) analysis, which tracks all study participants regardless of the degree of exposure to interventions and compare the difference in outcomes between the two randomly assisted groups; the ITT analysis is used in this study. Additionally, I conducted a supplementary analysis, namely a Treatment-On-Treated (TOT) analysis by focusing on a non-random subset of mothers from the experimental group with high exposure to intervention (recovery coaches in this study) and matching them with mothers in the control group using Propensity Score Matching (PSM) to restore some of the statistical equivalence between two non-random subsets.

Results

The results suggest that substance abusing mothers experience a wide range of multiple problems with limited resources that interfere with the likelihood of family reunification. The findings indicate that matched services to address mothers' co-occurring problems improved the likelihood of family reunification and substance abuse treatment completion. The significance of matched services in several problem areas was recognized: matched services in mental health, housing, family counseling, substance abuse treatment, and parenting skills were significantly improved the likelihood of family reunification: and matched services in transportation, housing, job training, parenting skills, family counseling, and mental health were significantly improved the likelihood of substance abuse treatment completion. Substance abuse treatment completion was positively associated with the likelihood of family reunification: mothers who completed treatment were 4.26 times more likely to achieve family reunification compared to mother who did not. In addition, the use of recovery coaches significantly improved the likelihood of family reunification (both ITT and TOT analyses), but recovery coaches were not related to the matched service provision.

While the significance of matched services and treatment completion were highlighted by this study, it was found that current child welfare system is struggling with the low rates of matched service provision (ranging from 10.1% to 56.8%), treatment completion (14.7%), and in turn, low rates of family reunification (10.8%) in current ASFA timeline.

Utility for Social Work Practice

This study informs several effective intervention strategies for substance abusing mothers to the field. This study found that mothers with matched services were more likely to achieve family reunification and complete treatment confirming that individually tailed services work better for substance abusing mothers both in family reunification and substance abuse treatment completion. Such findings provide evidence to the field that we need to address not only the issue of substance abuse but also other problem areas. Accordingly, the successful interventions for substance abusing mothers in child welfare should address mothers' wide ranges of co-occurring problems.

This study also found that mothers who received recovery coach services were more likely to achieve family reunification. Although I cannot determine which aspects of recovery coaches improved the likelihood of family reunification, the use of aggressive outreach efforts works for substance abusing mothers. Finally, this study found that mothers who complete substance abuse treatment improved family reunification. Accordingly, while dropouts and relapses are common, the mothers' success in substance abuse treatment should be an important goal for intervention plans for substance abusing mothers.

Substance abusing mothers experience co-occurring problems as there was a wide range of service needs and high levels of co-occurring problems. These findings support the contextual nature of substance abuse. Accordingly, caseworkers should be cognizant of the fact that parental substance abuse is a result of a joint function of an individual, the

context, and the continuities and changes that occur over time and in turn, they should take more in-depth look at parental substance abuse, carefully assess parents' multiple needs and ensure the provision of services. A better understanding can be imparted to caseworkers through training, education, and on-going educational efforts.

Utilization for Social Work Policy

The current legislation clarified that permanency planning should be concurrent which emphasizes both adoption and reunification, yet it appears that few efforts are being made to achieve the goal of reunification in current ASFA timeline. It can be indirectly demonstrated by the findings of this study that a large percentage of caseworkers were not able to provide services to meet mothers' needs even though caseworkers recognized them. Accordingly, it increases a concern on our capacity to pursue the goal of family reunification for substance abusing mothers. One important prerequisite for making "reasonable" efforts to family reunification can be the existence of social infrastructure that allows for caseworkers or agencies to make "efforts." Since this study supports that matched services improve the likelihood of family reunification, the current social infrastructure including service availability, funding, and holistic policy approaches to substance abusing mothers becomes more significant in determining family reunification. Yet previous studies consistently point out that there is a national shortage of accessible services for women with children (Simpson, Joe, Rowna-Szal, & Greener, 1997; Hser, Anglin, Grella, Longshore, & Predergast, 1997; Marsh, D'Aunno, & Smith, 2000). Increasing evidence also exists that pressure of cost containments has led to a decrease in the number and variety of services in both child welfare and substance abuse treatment services (Young, Gardner, & Dennis, 1998). Policy response to substance abusing mothers has been consistently fragmented and even punitive. Cooper (2003) found public policy approach in housing, public welfare benefits, voting rights, educational benefits, and immigration status to be punitive even when individuals meet treatment requirements in drug courts. For example, although housing is one of important predictors in family reunification and drug-free life style, the Housing Opportunity Program Extension (HOPE) Act of 1996 permits public housing authorities to deny admission to or evict any individuals who have engaged in criminal activity,

especially drug-related criminal activity, on or off public housing premises, regardless of whether they are arrested or convicted for these activities.

A problem of weak infrastructure is not new to policy makers and child welfare professionals, however. If child welfare policy continuously values a child connection with biological mothers and if child welfare policy truly accepts the notion and evidence that service response to substance abusing mothers is important and necessary, it is vital for policy makers actively engage in building a strong infrastructure. Concurrently, child welfare professionals should advocate and initiate change within broader community systems through public education and on-going research efforts. Otherwise, we should revisit our goal of family reunification for substance abusing mothers.

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